

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10734167

FILING DATE

12-15-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1		1			
18		1		1		
19		1		1		
20		1		1		
21		16		4		
22		4		4		
23		4		4		
24		4		4		
25		4		4		
26		4		4		
27				1		
28				1		
29				1		
30				1		
31						
32						
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34						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	22		27			
TOTAL CLAIMS	18		28			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						